

9

UI BENEFIT REPORTS AND FORMS SENT TO EMPLOYERS

Your help is needed to maintain the integrity of the unemployment insurance system. One way we solicit your assistance is by sending you reports that either ask for verification of information provided by the claimant, ask for additional information, or provide information to you about the status of the claim.

As mentioned in Part 5, there are four required UI benefit reports. In addition to the four required reports, there are a number of other forms that you may receive.

When you receive one of our reports, please review it promptly. Complete and return all those that you are required to return or that ask for information. The reverse side of most forms will include an explanation of the report, instructions for completion, and/or telephone numbers to call for more information. If you find an error on any of the informational reports, notify us as soon as you can so that we can investigate the discrepancy and correct the record.

Remember that your account will be charged for all erroneously paid benefits as the result of a missing, late or incorrect/incomplete required report, including erroneously paid benefits that were charged to other employers' accounts.

Required Reports

- | | |
|------------------------|--------------------------------------|
| A. Form UCB-16 | Separation Notice |
| B. Form UCB-23 | Wage Verification/Eligibility Report |
| C. Form UCB-719 | Urgent Request for Wages |

D. Quarterly Wage Report

Instructions for completing Quarterly Wage Reports are in Section 4.

Other Reports

- | | |
|-------------------------|---|
| E. Form UCB-20 | Written Determination |
| F. Form UCB-29 | Notice of Benefit Charging |
| G. Form UCF-350 | Weekly Earnings Report |
| H. Form UCB-701 | Computation of Unemployment Insurance Benefits |
| I. Form UCB-708 | Notice of Changed Liability for Unemployment Insurance Benefits |
| J. Form UCB-7074 | Unemployment Insurance Benefit Charges and Adjustments Report |
| K. Form UCF-7922 | Wage/Earnings Audit |

A. FORM UCB-16, SEPARATION NOTICE

If all of the information on Form UCB-16 is correct and there are no eligibility issues or non-work payments that apply to the claim, the report does not have to be returned.

If any information on Form UCB-16 is incorrect or there is any eligibility issue or non-work payment that applies to the claim, the report must be returned within 7 days. Refer to the following instructions for completion of a Form UCB-16 that must be returned.

1 Employer's UI Account Number

- Your UI account number should be printed here. If it is missing or incorrect, enter the correct number in the space provided.
- If you do not have an account number, enter "no number assigned" in the space provided.

2 Date Last Worked

- The date shown on the form is the Saturday date of the calendar week during which the claimant reported last working for you. If the correct last day of work falls in a different calendar week (Sunday through Saturday), please show the correct actual last day of work in the space provided.

3 Reason for Separation

- The reason for separation provided by the claimant when (s)he filed this claim for benefits is shown in item 3. If the reason shown is incorrect, indicate the correct reason for separation and any supporting details and/or documentation.

4 Other Eligibility Issues

- If there are any other eligibility questions that apply to the claim, report them in item 4. Some common eligibility issues are listed on the reverse of Form UCB-16 under the explanation of this item. Also refer to Part 7 of this section of your handbook for a brief explanation of several common eligibility issues.
- Provide details about the eligibility issue being reported in the space provided and attach any supporting documentation you want considered.

5 Vacation, Dismissal or Holiday Pay for Days/Weeks after the Last Day of Work

- If vacation, dismissal or holiday pay has been assigned to days or weeks after the

claimant's last day of work, this pay should be reported in item 5. See Part 6 for more information about when these types of pay can be treated as wages and should be reported.

- Show the type of pay, the week ending date(s) that the pay is assigned to and the gross amount of the pay for each week in the boxes provided.
- When reporting holiday pay, show both the holiday and the date; i.e.:
Christmas - December 25
Personal holiday - May 15

6 Signature, Date and Telephone Number

- Sign and date the form.
- Provide the name, telephone number, and fax number (including area codes) of a person who can be contacted during regular business hours if additional information is needed.

7 Date Report is Due

- If the claimant reported "laid off" or "still working" as the reason for separation, Form UCB-16 will have a due date. If the department is not aware of any other eligibility issue for these claims, benefit payments will begin immediately. If the reason for separation given by the claimant or any other information on the report is incorrect, or if there is any other eligibility issue or non-work payment that applies to the claim, return the report as soon as possible to prevent erroneous payments. The report must be received by the department by the due date to be considered timely.
- If the claimant reported any other reason for separation, Form UCB-16 will not have a due date. The department will begin an investigation based on the reason for separation given by the claimant and will hold benefit payments until that issue is resolved. If the reason for separation given by the claimant or any other information on the report is incorrect, or if there is any other eligibility issue or non-work payment that applies to the claim, return the report as soon as possible to prevent erroneous payments. The report must be received by the department within 7 days to be considered timely.

8 Where to Return the Report

- If the report must be returned, either send it to the address or FAX it to the number shown on the report. Please do not do both.

UCB-16 SEPARATION NOTICE**RETURN TO: UI LOCAL OFFICE #14****⑧****PO BOX 09999****MILWAUKEE, WI 53209-09999**

Phone:

800-247-1744**FAX: 414-438-2100**

(If you fax, do not mail this form.)

Employer Name, Address, City, State, Zip Code:

JOHN Q. EMPLOYER**1 CAPITOL ST****ANYWHERE WI 55555-5555**☐ If the claimant did not work for you, check this box and return the form to the UI office listed at the left.**SEE BACK FOR INSTRUCTIONS ON COMPLETION OF THIS FORM.**Date Mailed: **03/06/01****⑦** **DATE DUE: 03/13/01**

Employee Name and SS No.:

987-65-4321**MARY A. CLAIMANT****1 DIVISION ST****HOMETOWN WI 54444-4444****VNC: 10/01 N MC*00/00/00*0000**1. Your UI Account number is **123456** . If this number is incorrect, enter your correct UI Account**①** number _____.2. We show the employee last worked for you during the week ending Saturday, **10/23/00** . If**②** incorrect, enter the correct last day of work _____.3. **The employee indicated he/she is no longer working for you because he/she was discharged.****③** **An adjudicator will contact you shortly to obtain detailed information about the discharge.**

4. Report any and all other eligibility issues that apply to this claim. The department must investigate all eligibility

④ issues. Be prepared to provide facts and supporting information related to these issues. Refer to the back of this form under item #4 for additional information about other eligibility issues that should be raised at this time.

5. Did you or will you pay the employee Vacation, Dismissal or Holiday Pay for any period after the last day of work?

⑤ If yes, check the type of pay and enter the week ending date and gross pay for each type of pay paid beyond the last day worked.

Type of Pay	___ Vacation	___ Vacation	___ Vacation	___ Vacation	___ Vacation
	___ Dismissal/Severance	___ Dismissal/Severance	___ Dismissal/Severance	___ Dismissal/Severance	___ Dismissal/Severance
	___ Holiday	___ Holiday	___ Holiday	___ Holiday	___ Holiday
Week Ending Date					
Gross Pay	\$	\$	\$	\$	\$

6. RETURN THIS FORM BY THE DUE DATE ONLY IF: a) the above information is incorrect; b) there is vacation, dismissal or holiday pay beyond the last day worked to report; or c) there is another eligibility issue(s) to report.

Signed for the Employer:	Date Signed:
Telephone Number (include area code): ()	Fax Number (include area code): ()

⑥

B. FORM UCB-23, WAGE VERIFICATION/ELIGIBILITY REPORT

☛ If all of the information on Form UCB-23 is correct and there are no eligibility issues that apply to the claim, the report does not have to be returned.

☛ If any information on Form UCB-23 is incorrect or there is any eligibility issue that applies to the claim, the report must be returned by the due date on the report. Refer to the following instructions for completion of a Form UCB-23 that must be returned.

UI Account No., Name, & Address

- ①
 - If the UI account number, name or address listed for your company is incorrect, put a line through the incorrect information and write in the correct information next to it.
 - If no account number is printed on the report, enter your account number or write "no number assigned" in the space provided.
- ② **Wages and Other Income for the Week**
 - Review the wages and/or pay the claimant reported for the specified calendar week.
 - If any amount of wages or other income is incorrect, the form must be returned with the correct amount(s). You must return the report to correct the wages/pay even if the difference appears to be insignificant. Even a small difference between the wages reported by the claimant and the amount actually earned can affect the amount of benefits payable for the week.
 - Be sure to report all types of wages/pay for the week in the spaces provided, even for those that the claimant reported correctly. If one of the spaces is left blank, we will assume that the claimant did not receive the wage or income identified by that space.
 - See Part 6 for the definition of benefit year wages and when other types of income can be treated as benefit year wages.
- ③ **Hours and Minutes for the Week**
 - Review information reported by the claimant about hours/minutes worked in the specified calendar week.
 - If the claimant's information is incorrect, the form must be returned with the correct amount of hours and minutes. You must return the report to give us the correct hours/minutes even if the difference appears to be insignificant.
 - Include ⑥ hours/minutes of **actual work**.
- ④ **Additional work Available**
 - Indicate whether the claimant was asked or scheduled to work more hours than (s)he did

work by checking the appropriate box "Yes" or "No".

- If no, do not complete the rest of this section.
- If yes, enter the number of additional hours available, the date(s) when the work was available, the rate of pay that would have been paid for such work and the total amount of additional wages the claimant could have earned in the spaces provided.

⑤ Eligibility Issues

- **35 Hours of Wages/Pay:** This potential issue will only be included on Form UCB-23 if you paid at least 80% of the claimant's base period wages and the claimant has reported working for you on a weekly claim for benefits (for the calendar week identified on the report). **Check the box only if:**
 - ✓ the claimant worked, was paid or could have been paid had (s)he performed all available work, for a total of 35 or more hours in the week, **AND**
 - ✓ the claimant's base rate of pay (excluding bonuses, incentives, overtime or any other supplements) for these hours was the same or greater than the base rate of pay you paid the claimant in the high quarter of his/her base period (this calendar quarter is identified for you on the report).
- **Other Eligibility Issues:** Check the appropriate box if any listed or unlisted eligibility issue applies to the claim and you have not yet received a determination regarding the issue.
 - ✓ Enter the last date the claimant worked for you in the space provided.
 - ✓ If the claimant refused an offer of work, also enter the date the work would have started.
 - ✓ For unlisted eligibility issues, check the box that says "other" and provide details about the eligibility issue on the back of the form. Attach any supporting documentation you wish to be considered. (Refer to Part 7 of this section of your handbook for a brief explanation of several common eligibility issues.)

⑥ Signature, Date and Telephone Number

- Sign and date the form.
- Provide the name and telephone number (including area code) of a person who can be called during regular business hours if additional information is needed.

⑦ Date Due

- Form UCB-23 must be received by the Department by the due date shown on the report to be considered timely.

⑧ Where to Return the Report

- If your report must be returned, either send it to the address or FAX it to the number shown on the report. **Please do not do both.**
- If faxing, be sure to fax both sides of the report if you have provided information on the back.

CAUTION: Any benefits improperly paid because you failed to question eligibility on Form UCB-23 in a timely manner will be charged to your account even if a later protest is raised on a Form UCB-16 that is returned timely.

Date Sent: **04/12/00**

Date Due: **04/21/00** ①

Return this report to: UI DIVISION

⑧ P O BOX 7958
MADISON WI 53789-0001

Telephone No. **800-247-1744**

FAX No. (608) 264-6805 (If you fax, do not mail this form.)

Division of Unemployment Insurance
UCB-23 WAGE VERIFICATION/ELIGIBILITY REPORT
Wisconsin Statutes Section 108.09(1)

☐ If this claimant did not work for you, check this box and immediately return this form. (If you know the correct employer, please advise.)

**Return Address for Window Envelope
Response Located on Back Side.**

① UI Account No.: **123456**

Regarding:

**JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555**

**987-65-4321
MARY A. CLAIMANT**

WEEK: 15/00 LO: 14

You are required to return this report **ONLY IF** information is missing, incorrect or an eligibility issue applies to the claim. The report must be returned by the due date above. (See reverse side for information about failing to return a timely required report.)

Unemployment benefit claimants are required to report all money earned during the UI work week (Sunday through Saturday) and provide us with their employer's name and address. Please review the form, make corrections as needed and complete the eligibility portion on the bottom if applicable. If the account number, name or address listed for your company is not correct, please correct it above. It may take two or more weeks before your address is corrected.

You must report the wages earned Sunday through Saturday even if your pay period is different or the claimant has not been paid.

Below are the types of pay and amounts the claimant has reported for the week Sunday **04/02/00** through Saturday **04/08/00**

	WAGES/PAY*	HOLIDAY PAY	VACATION PAY	DISMISSAL PAY	TOTAL GROSS EARNINGS
② EMPLOYEE REPORTED AMOUNT	\$ 181.50	\$	\$	\$	\$
EMPLOYER REPORTED AMOUNT	\$	\$	\$	\$	\$

*Includes bonuses, incentives, overtime, sick pay or any other supplements. Report holiday, vacation and dismissal pay separately and in the TOTAL.

• The claimant reported working **30** hours and **15** minutes in the above week. If that is not correct, return this form with the corrections. Include only hours/minutes of actual work. Hours:_____ Minutes:_____

• During the above week, was the claimant asked or scheduled to work more hours than (s)he did work?

④ ☐ Yes ☐ No If "YES": How many additional hours were available to the claimant? _____

Date(s) additional work was available: _____ Rate of pay for that work: _____

Additional gross wages/pay the claimant would have earned (including bonuses, incentives, overtime or any supplements): _____

• Check below if **any** eligibility issue applies to this claim. The claimant:

⑤ ☐ Worked, was paid, or could have been paid for 35 hours or more in the week **AND** the claimant's base rate of pay (excluding bonuses, incentives, overtime or any other supplements) is the same or greater than the base rate of pay in the quarter ending **06/30/99**.

☐ QUIT ☐ is NOT ABLE/AVAILABLE for work ☐ OTHER (explain on back)

☐ was DISCHARGED ☐ worked ONLY during the SCHOOL YEAR

☐ REFUSED an OFFER of WORK ☐ worked in EXCLUDED EMPLOYMENT

Last day of work or date new work would have started, if applicable: _____

We are required to investigate every issue that might affect the claimant's eligibility for benefits. You may be contacted for additional information before the due date of this form if the claimant has already told us about that issue.

If further facts are necessary, Name		Telephone Number (include Area Code)	
whom should we call?		()	
SIGNED, for the Employer	Working Title	Date Signed	Telephone Number (include Area Code)
			()

UCB-23 Q35 M (N. 03/06/2000) (U00732)

C. FORM UCB-719, URGENT REQUEST FOR WAGES

☞ **Form UCB-719 must ALWAYS be returned, even if the claimant did not work for you or you believe that the claimant is not eligible.**

① Due Date

- This is the date your report is due. The same wage information requested by this report is also requested from the claimant. If your report is not received by the Department by the due date, benefits will be paid based on the claimant's records.

② UI Account Number

- This is the UI account number identified as the employer for whom the claimant worked and for which wages are missing. Refer to the instructions for completing the quarterly wage chart when the claimant's wages were or should have been reported to a different UI account number.

③ Quarterly Wage Chart

- For quarters where some wages have already been reported to Wisconsin for this UI account #, the wages have already been entered in the "GROSS WAGES PAID" column. If these amounts are incorrect, please show the correct amount.
- For quarters where no wages have previously been reported, make the following entries:
 - ⇒ Enter the **total gross wages paid** in each quarter.
 - ⇒ If the claimant was your employee but was not paid wages in the quarter, write "**no wages paid**".
 - ⇒ If the wages you paid the claimant in the quarter were for work performed in excluded employment, enter the wages and write "**excluded**" after the wage entry.
 - ⇒ If the wages you paid the claimant in the quarter were reported to a different state, enter the wages and

write "**reported to (state)**" after the wage entry.

- ⇒ If the wages you paid the claimant in the quarter were reported to a different UI Account # than the one shown on the report, write "**wages reported to (correct UI Account #)**".
- ⇒ If payments were made to the claimant but you considered him/her to be an independent contractor or self-employed, enter the amount paid and write "**independent contractor**" after the entry.
- ⇒ If the claimant did not work for or with you in any capacity, write "**not our employee**".
- ⇒ If you are a successor in a business transfer, **do not duplicate wages already reported by your predecessor** for this UI account #.

④ Claimant's First and Last Days of Work

- Enter the month/day/year of the claimant's first day of work and last day of work for you in the base period.
- The quarters printed in the quarterly wage chart are the quarters that are included in the claimant's base period.

⑤ Space for Messages

- This space is used to give you any unique information or instructions that you may need to complete a particular Form UCB-719.
- If you are a successor in a business transfer involving this UI account, a message will be printed in this area to remind you not to duplicate wages already reported for the claimant by your business predecessor.

⑥ Signature, Date and Telephone Number

- Sign and date the form.
- Provide the name and telephone number (including area code) of a person who can be called during regular business hours if additional information is needed.

D. QUARTERLY WAGE REPORTS See Section 4 - Wage Reporting

RETURN IMMEDIATELY TO:

**CALL CENTER
PO BOX 8978
MADISON WI 53708-8978**

STATE OF WISCONSIN
DIVISION OF UNEMPLOYMENT INSURANCE
UCB-719 URGENT REQUEST FOR WAGES

PHONE: 800-247-1744 FAX: 608-232-0950

Mailed: 02/01/01

① Due: 02/08/01

EMPLOYER:

CLAIMANT:

**JOHN Q. EMPLOYER
1 CAPTIO ST
ANYWHERE WI 55555-5555**

MARY A. CLAIMANT

VNC WK: 06/01

② UI ACCOUNT #: 123456

SS#: 987-65-4321

You are required to complete and return this form even if the claimant did not work for you or you believe that (s)he is not eligible. The claimant has indicated that we do not have a record of **all** wages paid by you in his/her unemployment base period. If we do not receive this report by the due date, we will use information from the claimant and if benefits are paid erroneously based on his/her records, you will be liable for the incorrect charges.

For quarters where some wages have already been reported to WI for this UI Account #: Wages have already been entered in the "Gross Wages Paid" column below. **If these amounts are incorrect, please show the correct amount.**

For quarters where no wages have previously been reported, make the following entries: 1) Enter the **total gross wages paid** in each quarter. 2) If the claimant was your employee but was not paid wages in the quarter, write **"no wages paid."** 3) If the claimant was paid wages in the quarter but wages were for work performed in excluded employment, enter the wages and write **"excluded"** after the wage entry. 4) If the claimant was paid wages in the quarter but they were reported to a different state, enter the wages and write **"reported to (state)"** after the wage entry. 5) If the claimant's wages were reported to a different UI Account # than the one listed above, write **"wages reported to (correct UI Account #)."** 6) If payments were made to the claimant in the quarter but you considered him/her to be an independent contractor/self-employed, enter the amount paid and write **"independent contractor"** after the entry. 7) If the claimant did not work for or with you in any capacity write **"not our employee."**

QUARTER	BEGINNING	ENDING	GROSS WAGES PAID
4/99	10/01/99	12/31/99	
1/00	01/01/00	03/31/00	
2/00	04/01/00	06/30/00	③
3/00	07/01/00	09/30/00	
4/00	10/01/00	12/31/00	

④ What was the claimant's first and last days of work for you?

First Day of Work:

Month

Day

Year

Last Day of Work:

Month

Day

Year

⑤

⑥ Sign, date and return this form by the due date to avoid incorrect charges to the UI Account # shown above.

Signed for Employer:	Date:	Phone Number:
----------------------	-------	---------------

UCB-719 (R. 7/23/2001)
(U00090)

Source Codes: 42 - Timely/Reg; 43 - Late/Reg; 44 - Timely/Lag; 45 - Late/Lag; 51 - Amended

E. FORM UCB-20, WRITTEN DETERMINATION

Form UCB-20 is used to notify claimants and employers of the results of a fact-finding investigation conducted to resolve issues of benefit eligibility and/or entitlement. See Part 7 for detailed information about common eligibility issues and the investigative procedure.

If you receive one of these determinations, you are considered the employer party of interest. The employer party of interest is the employer whose interests may be adversely affected by the decision.

Review the findings and effect of the decision. If you believe the facts are wrong or that the deputy has improperly applied the law, you may request a hearing. The request for a hearing (appeal) must be received or postmarked by the department by the date specified on the determination. See Section 3 for more information about the appeal process.

① Claimant Name, Address and Social Security Number

- The name and social security number of the claimant who is affected by the determination are shown here.
- The determination is mailed to the most current address on file for the claimant.

② UI Account Number

- This is the employer UI Account number of the employer party of interest to the determination being made.
- If the number is incorrect, call one of our benefit centers immediately so that we can correct the record.

③ Employer Name and Address

- The determination is mailed to the most current official name and address of record for the UI Account number listed.

④ Issue Week and Week Ending

- The earliest UI calendar week affected by the determination is printed in this area. (NOTE: The four calendars on the inside back cover have the UI week numbers printed next to each calendar week.)
- All UI weeks end on Saturday. This is the Saturday of the UI week number identified above.

⑤ Applicable Wisconsin Law

- The statute of the unemployment law and/or administrative rule upon which the determination is based is printed here.

⑥ Findings and Determination of the Deputy

- The legal conclusion reached by the department deputy is printed first.
- A brief statement of the facts which support the legal conclusion follow.
- The actual impact on the UI claim and the employer UI account is summarized under the "Effect".
- The effect will indicate whether benefits are payable, or will ever be payable, from the UI account shown on the determination.
- The effect also specifies periods of disqualification, whether erroneous benefits have been paid as a result of the determination and if so, who is at fault for the erroneous payments.

⑦ Deputy

- The name of the adjudicator who investigated the issue and made the determination.

⑧ Date Mailed

- The date the determination was delivered to the U.S. Post Office for delivery.

⑨ Appeal Date

- The date by which a timely appeal must be postmarked if mailed or received if faxed.

How and Where to File an Appeal

Information about filing an appeal is **printed on the back of the determination**. If you want to request a hearing, send your appeal to the UI hearings office listed there. The hearings office will process your appeal and can answer any questions you have about the hearing. Use this address and fax number for appeals only.

Who to Contact for More Information

If you would like more information about the determination or have other questions about the benefit claim, contact one of our benefit centers. The addresses, fax numbers and telephone numbers for our benefit centers are **printed on the back of the determination**. Do not send your request for a hearing to the benefit centers.

ID: 000000000
SEE REVERSE SIDE FOR
IMPORTANT INFORMATION

PAGE 1 OF 1

State of Wisconsin E MC100
Department of Workforce Development
Division of Unemployment Insurance

UI LO #: 12

UI Acct. #: 123456 (2)

SS # 987-65-4321

(1)

MARY A. CLAIMANT
1 DIVISION ST
HOMETOWN WI 54444-4444

(3) JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

Issue Week: (4) 06/00
Week Ending: 02/05/00

Applicable
Wisconsin Law: 108.04(5) (5)

FINDINGS AND DETERMINATION OF THE DEPUTY: (6)

THE EMPLOYEE WAS DISCHARGED FOR MISCONDUCT CONNECTED WITH HER EMPLOYMENT.

THE EMPLOYEE WAS DISCHARGED FOR A PATTERN OF TARDINESS. IN MOST CASES THE TARDINESS WAS FOR A REASON THAT WAS WITHIN THE EMPLOYEE'S CONTROL. THE EMPLOYEE RECEIVED A WRITTEN WARNING HER JOB WAS AT RISK.

EFFECT

BASE PERIOD WAGES FROM WORK FOR THE EMPLOYER PRIOR TO THE DISCHARGE CANNOT BE USED TO COMPUTE THE MAXIMUM BENEFIT AMOUNT FOR THIS OR ANY LATER CLAIM.

NO BENEFITS ARE PAYABLE FROM 01/30/00 THROUGH 03/25/00 AND UNTIL THE EMPLOYEE EARNS WAGES EQUALING AT LEAST \$4,200.00 IN COVERED EMPLOYMENT. THE EMPLOYEE MAY BE ELIGIBLE THEREAFTER IF SHE HAS ANOTHER BASE PERIOD EMPLOYER FROM WHICH BENEFITS ARE PAYABLE. IF BENEFITS ARE PAYABLE, A SEPARATE MONETARY COMPUTATION WILL BE ISSUED.

DEPUTY

(7)

JANE J. ADJUDICATOR

DATE MAILED

(8)

02/28/00

DECISION FINAL UNLESS A
WRITTEN APPEAL IS RECEIVED
OR POSTMARKED BY:

(9)

03/13/00

F. FORM UCB-29
NOTICE OF BENEFIT CHARGING

This notice is sent to you whenever the claimant indicates that (s)he quit working for you and the subsequent work requalification requirement was satisfied before the application for unemployment benefits was made.

① UI Office

- The address of the benefit center which is handling the claim and the telephone number to call if you have questions about the notice.

② UI Account Number

- The account number of the employing unit identified as the employer from whom the claimant quit.
- The official name and address of record for the UI account number listed are printed directly below the number.

③ Claimant's Name and Social Security Number

- The name and social security number of the claimant affected by the notice.

④ Week in which the Claimant Quit

- The quit is assumed to have occurred during the week that includes the last day of work reported by the claimant. The week ending date that includes the claimant's last day of work is printed here, along with the corresponding UI calendar week number. (NOTE: The four calendars on the inside back cover have the UI week numbers printed next to each calendar week.)
- If the claimant quit in a different week, notify the Department immediately.

⑤ Notice of Benefit Charging

- This section informs you whether or not the UI Account identified will be liable for benefits based on work performed prior to the quit.
- The accounts of "contributing or taxable" employers are not charged for such benefits.
- "Reimbursable" employers, federal employers and out-of-state employers are billed for such benefits.

UCB-29 - NOTICE OF BENEFIT CHARGING

UI Office

MILWAUKEE

①

P O BOX 09999

MILWAUKEE, WI 53209-09999

414-438-7705

State of Wisconsin

Department of Workforce Development

Division of Unemployment Insurance

②

UI Account No.: **123456**

Date Mailed: **03/07/00**

Claimant: **MARY A. CLAIMANT**

S.S. No.: **987-65-4321**

③

JOHN Q. EMPLOYER

1 CAPITOL ST

ANYWHERE WI 55555-5555

The employee quit employment in the week ending **02/05/00**

, week number **06/00.**

④

Four weeks have elapsed after the week of the quit and the employee has earned wages in covered employment equaling at least four times the weekly benefit rate.

Under section 108.04(7)(a), benefits are payable.

NOTICE OF BENEFIT CHARGING

⑤

Your account will not be charged for any benefits paid.

Benefits paid based on work performed for you prior to quitting will NOT be charged to your account. Those benefits will be charged to the fund's balancing account.

Benefits are allowed with respect to this issue only. Actual payment of benefits may depend on the resolution of another issue.

If you have questions or disagree with this action, contact a UI Claims Specialist within 14 days.

G. FORM UCF-350 WEEKLY EARNINGS REPORT

Form UCF-350 is used to obtain the employer's certification of gross wages **earned** in weeks for which benefits may have been claimed. While used as part of our fraud control initiatives, our requesting this information does not necessarily imply that the claimant failed to report work or wages properly.

① The top section of the report includes the following claim information:

- Address, phone number and fax number of the UI location requesting the information.
- Official name and address of record of the employer for whom the claimant may have worked or is working.
- Date report was mailed to you.
- Name and social security number of the employee for whom wages are being verified.
- The UI account number of the employer listed.

② The letter includes:

- Instructions for completing the report.
- Date by which the department is requesting the completed report be returned.
- Name of the department deputy sending the report.
- Any special instructions or information that may help you complete the report.

Completing the Report:

- Please complete the **entire** bottom portion of the form.
- Provide all of the information requested in the top portion of the chart regarding the claimant's current or former status with your company.
- The beginning date (Sunday) and ending date (Saturday) of each calendar week for which wages are being verified, as well as the corresponding UI calendar week number, will be printed on the bottom portion of the chart. You are asked to report the gross earnings for each week listed, the date they were paid, and whether the employee worked 40 or more hours.
- Be sure to include wages for all work performed in the week, as well as any other wages assigned to the week, such as vacation, holiday or dismissal pay.
- If your company does not use a Sunday through Saturday calendar week payroll, **you must adjust your figures to the calendar week dates shown.**
- Enter "NONE" in the space for each week in which there were no wages earned and/or for which no pay was assigned.

⑤ Remarks:

- Enter any remarks in this space that you feel may be helpful.

⑥ Certification:

- Be sure to sign and date the report and provide a telephone number where we can reach you during regular business hours if additional information or clarification is needed.



State of Wisconsin
Department of Workforce Development

UNEMPLOYMENT INSURANCE
P O BOX 09999
MILWAUKEE, WI 53209-0999
Phone No.: 414-438-XXXX
Fax No.: 414-393-XXXX

WEEKLY EARNINGS REPORT

Date of Request: **May 22, 2001**

JOHN Q EMPLOYER
1 CAPITOL ST
ANYWHERE, WI 55555-5555

①

Employee: **Mary A Claimant**
Social Security Number: **987-65-4321**
U.I. Account Number: **123456**

The accuracy of the employee's unemployment insurance claim is being checked. From your payroll records, please enter the gross wages earned by this individual for work performed during the calendar weeks designated on this form. Report total gross earnings for work actually performed during the calendar week and any other wages assigned to that week, such as vacation pay, holiday pay, etc. If no work was performed or no wages were paid for a week, enter "NONE".

②

Please return this completed report **on or before 05/29/2001** to the address shown above. Your cooperation is appreciated. Please call me at 608-232-0824 if you have any questions about this request. **Remarks:** ⑤

RYAN O LEARY, Deputy, Unemployment Insurance

Start Date	Still Working? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No to Still Working; Last Date Worked:	Type of Work		
If Terminated, indicate reason <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other – Explain:					
Rate of Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Other			Type of Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		
UI Week No.	Week Beginning Date (Sun.)	Week Ending Date (Sat.)	Gross Earnings	Date Gross Earnings Paid (Mo. Day Yr.)	* Worked 40 Hours?
10/2001	03/04/2001	03/10/2001			Yes
11/2001	03/11/2001	03/17/2001			Yes
12/2001	03/18/2001	03/24/2001			Yes
13/2001	03/25/2001	03/31/2001			Yes
14/2001	04/01/2001	04/07/2001			Yes
15/2001	04/08/2001	04/14/2001			Yes
16/2001	04/15/2001	04/21/2001			Yes
17/2001	04/22/2001	04/28/2001			Yes
18/2001	04/29/2001	05/05/2001			Yes

REPORT GROSS WAGES EARNED ON A CALENDAR WEEK BASIS. SUNDAY THROUGH SATURDAY

If no work was performed or no wages paid for a week, enter "NONE".

*** Worked 40 Hours?**
Circle "Yes" only if the Employee actually worked 40 or more hours within the week. (Effective with week 15/2000)

⑥ I certify that the information reported above is accurate and complete.

Signature		Date	Phone Number
Print Name	Title	Business Address	

③

④

⑤

H. FORM UCB-701

COMPUTATION OF UNEMPLOYMENT INSURANCE BENEFITS

Form UCB-701 lists employees who have established claims based on work with you.

The information entered on the front of the form is obtained from the wage data you submitted quarterly. If you did not file a quarterly report, either your Form UCB-719, Urgent Request for Wages, or the claimant's affidavit of earnings was used to determine the claimant's potential entitlement.

① UI Account Number

- This is the UI account that is potentially liable for unemployment payments based on the claims established during the report period.

② Report Period

- This is the time period that the report covers. All claims established during this period, for which the UI account listed on the report is potentially liable, are included on the report.

③ Employee/SS Number

- The names and social security numbers for each claim established during the report period are printed in this column.



Liability Information

- Total Maximum - This is the maximum amount of regular benefits potentially payable to the employee, and it is the maximum amount that may be charged to your account. In some situations, such as a voluntary quit or a discharge for misconduct, these benefits may be charged to the balancing account or to the administrative account and not to your UI reserve account. You will receive a written determination if these situations apply.
- Weekly Maximum - The amount shown is the weekly maximum that could be charged to your account. If the employee had other employers in the base period, the amount shown is your proportional share of each week paid. The proportion potentially chargeable to you is based on the percentage of base period wages paid by you in relation to base period wages paid by all other employers.
- Liable Until - The date the employee's benefit year ends is shown here. Benefits based on this computation cannot be carried over to a later benefit year.

⑤ Quarterly Gross Wages

- The liability information in the prior column is based on wages paid by you in the base period quarters of the claim. The gross wages paid by this UI account in each quarter of the employee's base period are shown.

⑥ Eligibility Pending

- If there are eligibility issues yet to be resolved against your account, there will be an asterisk in this column. Actual payment of benefits will not be made until the investigations for such eligibility issues have been completed and you have been mailed written determinations (Form UCB-20) resolving the issues.

Each employee listed has established a benefit year. Potential benefits payable during the benefit year, based on work for you, are shown opposite the employee's name. The reverse of this form provides information about the benefit computation.

The issuance of this form does not mean benefits are immediately payable. If an eligibility issue is still pending, an investigation will be conducted to determine if benefits are payable. You will receive a copy of the determination that results from that investigation.

You will receive notice of each benefit check issued and charged to your account. If you have any questions, call one of the telephone numbers listed on the reverse side.

① UI Account Number: **123456-000-0**

JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

② Computations issued
 from **03/13/00** through **03/18/00**

③ Employee/SS Number	④ Liability Information	⑤ Quarterly Gross Wages	Eligibility Pending
EMPLOYEE A 111-11-1111	TOTAL MAXIMUM: \$1903.68 WEEKLY MAXIMUM: \$ 91.54 LIABLE UNTIL: 02/10/01	498 \$ 0.00 199 \$ 4400.25 299 \$ 359.25 399 \$ 0.00	* ⑥
EMPLOYEE B 222-22-2222	TOTAL MAXIMUM: \$2159.00 WEEKLY MAXIMUM: \$ 106.00 LIABLE UNTIL: 02/24/01	498 \$ 2655.71 199 \$ 923.70 299 \$ 763.36 399 \$ 1055.24	

I. FORM UCB-708, NOTICE OF CHANGED LIABILITY FOR UI BENEFITS

Form UCB-708 notifies employers of reduced liability when the resolution of a benefit year issue changes the claimant's remaining entitlement.

① UI Account Number

- This is the UI account whose liability for listed claims has been changed by decisions issued during the report period.

② Report Period

- This is the time period that the report covers. All claimants whose entitlement from the listed UI account is changed by a decision issued during this period are included on the report.

Employee's Name/Social Security

③ Number

- The names and social security numbers of all claimants whose entitlement from the UI account shown was changed by a decision issued during the report period are printed in this column.

④ Liability Remaining

- The first column lists the total potential entitlement remaining against the UI account number shown on the report before the decision was issued that changed the claimant's entitlement
- The second column shows the total potential entitlement remaining from the UI account shown on the report after the decision that changed the claimant's entitlement was issued.

Page of

UI office phone numbers are listed on the reverse side.

As a result of decisions issued
from _____ to _____

Employee/SS Number/UI Office	Liability Remaining	
	Prior to Decision	After Decision

J. FORM UCB-7074, UI BENEFIT CHARGES AND ADJUSTMENTS REPORT

This report is mailed 4 times each month to notify employers of benefit charges and adjustments made to their UI account. **The report is informational only.** It is not a bill and does not have to be returned.

If you want to question the eligibility of a claimant for a payment received or for future payments, contact one of the Benefit Centers listed on the back of this handbook.

① UI Account No.

- This is the UI account that was charged and/or credited for payments listed on the report.

② Report Period

- This is the time period that the report covers. All charges and credits posted during this time period will appear on the report. A benefit check was not necessarily paid for this period. The actual calendar week(s) for which payments have been made are listed in Section A.

③ Section A lists all initial benefit charges.

- The report may include payments made to more than one claimant. Individual claimants are listed separately.
- Payments for more than one week for a given claimant may have been made during the report period. Each week is listed separately.
- A claimant's UI payment for a given week may have a variety of deductions for distribution to other locations (i.e. federal withholding, child support, and benefits withheld to repay a prior overpayment of benefits, etc.). Each distribution is listed separately on the report but the total of the distributions for a given week should never exceed your weekly liability for the claim.
- "Wages Reported" are the total wages earned from **all** employers in the UI week listed. The claimant may or may not have earned any wages from you in the week(s) listed.
- An alpha code may appear in the far right column of Section A. This code references an explanation of the charge on the back side of the report.

④

Section B lists any adjusting entry made to the account, including both credits and charges. Any action taken on a benefit claim that changes the employer's liability for a particular payment will result in an adjustment to an employer's UI account and will be listed in this section. Some examples include:

- Amendments to a claim that affect the proration of liability charges to employers in the claim (even changes that are unrelated to the claimant's work and wages from a given employer can affect that employer's prorated share of the liability charges).
- A determination that benefits have been overpaid.
- A determination that benefits have been paid erroneously because an employer failed to raise a timely eligibility question or provided incorrect or incomplete information on a required report.
- A numerical code may appear in the far right column of Section B. This code references a reason for the adjustment on the back side of the report.

NOTE: Section B can also include quarterly charges from other states. These charges represent the employer's share of liability for claims filed in other states which combined wages from more than one state to establish the claimant's benefit eligibility.

⑤ Section C shows the net credit or charge to the UI account during the specified time period.

Claimants Who Are Still Working For You

If a claimant works for you in any week for which (s)he is paid unemployment benefits, you will initially be charged for your share of payment in Section A. However, if the employee earned gross wages during that week which are equal to or greater than the average weekly wage paid to the claimant in the same calendar quarter of the previous year, your account will automatically receive a credit for this charge in Section B. The credit may or may not appear on the same report as the charge. (See Part 4 for more information about this credit.)

Claimants Who Have Quit

Payments made to a claimant who quit working for you will not appear on this report if you are a contributing (taxable) employer and have been notified that your account will be not charged for benefits based on work performed

prior to the quit. However, if you are a reimbursable employer, you are liable for such payments and they will appear on this report. (**See Part 7** for more information about your liability for a claimant who quit working for you.)

UNEMPLOYMENT COMPENSATION DIVISION
P O BOX 7945
MADISON, WI 53707-7945

JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

① UC ACCOUNT NO. 123456
② FOR 02/13/00 THROUGH 02/19/00

A. BENEFIT CHARGES 02/13/00 THROUGH 02/19/00 FOR 123456:

③	EMPLOYEE NAME	SOC SEC NO.	UC WEEK NUMBER	UC WEEK ENDING	WAGES REPORTED	AMOUNT PAID/CHARGED	* CODE
	EMPLOYEE A	111-11-1111	06/00	02/05/00	69.00	121.00	
	EMPLOYEE A	111-11-1111	06/00	02/05/00	69.00	9.00	C
	EMPLOYEE A	111-11-1111	06/00	02/05/00	69.00	45.00	
	EMPLOYEE B	222-22-2222	07/00	02/12/00	36.00	143.00	
TOTAL AMOUNT PAID/CHARGED:						318.00	

B. ADJUSTMENTS/CREDITS 02/13/00 THROUGH 02/19/00 FOR 123456:

④	EMPLOYEE NAME	SOC SEC NO.	UC WEEK ENDING	OVERPAY NUMBER	AMOUNT CREDITED	AMOUNT CHARGED	* CODE
	EMPLOYEE B	222-22-2222	02/12/00		143.00		5
TOTAL AMOUNT CREDITED/CHARGED:					143.00		

C. RESULT OF BENEFIT CHARGES/ADJUSTMENTS 02/13/00 THROUGH 02/19/00 FOR 123456:

⑤	TOTAL CREDITED	TOTAL CHARGED
	143.0	318.00

CHARGES/ADJUSTMENTS 02/13/00 THROUGH 02/19/00 RESULT IN NET CHARGE OF \$175.00

*See reverse side for explanation of codes and special messages.

K. FORM UCF-7922, WAGE/EARNINGS AUDIT

Form UCF-7922 is used to audit the wages earned by certain claimants during a quarter in which they claimed and were paid UI benefits. It is used to prevent fraud and

abuse by ensuring that the payments made to the claimant were proper.

Instructions for completing this report are identical to those for completing Form UCF-350 Weekly Earnings Report.

WAGE/EARNINGS AUDIT

State of Wisconsin, Dept. of Workforce Development
Unemployment Insurance Division
P.O. Box 7905, Madison, WI 53707-7905
(608) 266-5552 FAX: (608) 267-4326

EMPLOYER:

Wisconsin Department of Workforce Development is conducting an audit of unemployment insurance benefit payments paid to a claimant using the SS# below. The audit indicates you reported earnings of \$ 5,000.00 for this employee during quarter 4 of 2000. In order to help ensure that we made correct payments to the claimant, please answer the information requested below. Return this form to us in the enclosed envelope within 10 days.

JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

Date: 04/23/01
Claimant Name and Address:
MARY A. CLAIMANT
1 DIVISION ST
HOMETOWN WI 54444-4444

Employer's Number: 123456

Social Security Number: 987-65-4321

Date Started		Last Day of Work		Rate of Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Other:					
Type of Work									
Are the Claimant's name, address and social security number the same as your records? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate change and explain:									
For the weeks listed below, indicate gross earnings FOR WORK PERFORMED IN THAT WEEK and other related information. Gross earnings include all wages, tips, commissions, bonuses, or other types of remuneration for work performed. Include vacation and holiday pay for the week. If there were no earnings, indicate "NONE." We ask that you please LIST EARNINGS FROM SUNDAY THROUGH SATURDAY of each calendar week, as claimants are legally required to report weekly earnings in this same manner. PLEASE DO NOT LIST BI-WEEKLY AMOUNTS.									
*Worked 40 hours? Circle "Yes" if the the Employee actually worked 40 or more hours within the calendar week. (Effective with week 15/2000 or calendar week ending 4/8/2000)									
UI Week No.	Calendar Week Ending Date (Sat.)	Weekly Gross Earnings	Date Gross Earnings Paid Mo. Day Yr.	*Worked 40 Hours?	UI Week No.	Calendar Week Ending Date (Sat.)	Weekly Gross Earnings	Date Gross Earnings Paid Mo. Day Yr.	*Worked 40 Hours?
41	10/07/00			Yes					Yes
42	10/14/00			Yes					Yes
43	10/21/00			Yes					Yes
44	10/28/00			Yes					Yes
45	11/04/00			Yes					Yes
46	11/11/00			Yes					Yes
47	11/18/00			Yes					Yes
48	11/25/00			Yes					Yes
				Yes					Yes
				Yes	10	03/10/01			Yes
				Yes	11	03/17/01			Yes
				Yes					Yes
				Yes					Yes
				Yes					Yes
I certify that the information reported above is accurate and complete.									
Signature			Date		Area Code/Phone Number				
If signed by someone other than employer, please state your Title Business Name Address									

UCF-7922 (R. 07/05/2001) (U00065)